



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

MEMORIAL HERMANN SPECIALTY HOSPITAL
KINGWOOD
300 KINGWOOD MEDICAL DR
KINGWOOD, TX 77339

Respondent Name

AMERICAN CASUALTY CO OF READING

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-09-B737-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim has been denied for timely filing, however the mailing address to submit claims was different every time we called. Originally the claim was not immediately sent out due to system errors with adding the address given at the time of verification...It is very difficult to send a claim in a timely manner when you are given different addresses when you contact the carrier. Even after we were given incorrect information we filed the claim on the final day of the 95 day deadline and sent that claim certified. "

Amount in Dispute: \$3,886.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The charge in dispute for date of service March 10, 2009 was denied as not being timely filed because our client first received the bill on June 24, 2009...Requestor has provided no proof to show the bill was sent on June 15, 2009...Requestor's submission includes a computer screen printout. The screen print reflects 06/15/2009 as the 'billing date' for this bill. However, there is no corresponding proof, such as a fax activity sheet, to show that this bill was sent on that date...notwithstanding Carrier's argument that there is no proof of mailing for the Requestor's assertion that it mailed the billing on June 15, 2009; the Carrier asserts that June 15, 2009 is also untimely. The 95th day after the date of service is June 13, 2009."

Response Submitted by: Law Offices of Jeffrey M. Lust, 600 N. Pearl, Ste 1450, LB 156, Dallas, TX 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 10, 2009	Outpatient Services	\$3,886.24	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated July 2, 2009 & August 5, 2009

- 29-The time limit for filing has expired.
- 855-066- Based on Fee Schedule Guidelines, bills submitted after the 95th day after the date of service are disallowed. \$0.00
- W1-Workers Compensation State Fee Schedule Adjustment.
- 900-0031- Provider does not participate in the TX WC HCN.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and 28 Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute; for that reason, the requestor in this dispute was required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service(USPS) regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds a copy of a medical bill with printed date 07/17/09 sent to W/C CAN P.O. Box 139046, Dallas, TX 75313, two EOB's dated 07/02/2009 and August 5, 2009. A USPS certified return receipt with post marked date June 24, 2009 and an Insurance Billing History report dated 07/17/09. No documentation was found to sufficiently support that a bill was submitted to the respondent within 95 days from the date services were provided in accordance with Texas Labor Code §408.027.
3. In accordance with Texas Labor Code §408.027, the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

01/25/2012

Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.